

LOA Medical SFDP\_2025

LOA Sliding Fee Discount 2025							
Service	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Full Fee
Medical	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	No discount
Behavioral Health	\$ -	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	
Prenatal	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00	
Household Size*	Household Income						
	0% - 100%	>100% - 133%	>133% - 150%	>150% - 175%	>175% - 200%	>200% - 250%	>250%
1	\$0	\$15,651	\$20,816	\$23,476	\$27,389	\$31,301	\$39,126
	\$15,650	\$20,815	\$23,475	\$27,388	\$31,300	\$39,125	&above
2	\$0	\$21,151	\$28,131	\$31,726	\$37,014	\$42,301	\$52,876
	\$21,150	\$28,130	\$31,725	\$37,013	\$42,300	\$52,875	&above
3	\$0	\$26,651	\$35,446	\$39,976	\$46,639	\$53,301	\$66,626
	\$26,650	\$35,445	\$39,975	\$46,638	\$53,300	\$66,625	&above
4	\$0	\$32,151	\$42,761	\$48,226	\$56,264	\$64,301	\$80,376
	\$32,150	\$42,760	\$48,225	\$56,263	\$64,300	\$80,375	&above
5	\$0	\$37,651	\$50,076	\$56,476	\$65,889	\$75,301	\$94,126
	\$37,650	\$50,075	\$56,475	\$65,888	\$75,300	\$94,125	&above
6	\$0	\$43,151	\$57,391	\$64,726	\$75,514	\$86,301	\$107,876
	\$43,150	\$57,390	\$64,725	\$75,513	\$86,300	\$107,875	&above
7	\$0	\$48,651	\$64,706	\$72,976	\$85,139	\$97,301	\$121,626
	\$48,650	\$64,705	\$72,975	\$85,138	\$97,300	\$121,625	&above
8	\$0	\$54,151	\$72,021	\$81,226	\$94,764	\$108,301	\$135,376
	\$54,150	\$72,020	\$81,225	\$94,763	\$108,300	\$135,375	&above
<b>* Each additional family member (over 8) add \$5,500</b>							

LOA Dental Sliding Fee Discount 2025							
Service*	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Full Fee
Diagnostic and Preventative Services	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	NP \$130/Recall \$90
Restorative Service	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00	No Discount
Sealants (Per Tooth)	\$ 5.00	\$ 10.00	\$ 12.00	\$ 15.00	\$ 18.00	\$ 20.00	
Endodontics (RCT)	\$ 60.00	\$ 67.00	\$ 72.00	\$ 75.00	\$ 78.00	\$ 80.00	
Periodontics	\$ 40.00	\$ 47.00	\$ 52.00	\$ 55.00	\$ 58.00	\$ 60.00	
Crowns (Per Tooth)	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	
Dentures	\$ 70.00	\$ 75.00	\$ 80.00	\$ 85.00	\$ 90.00	\$ 95.00	
On site Prosthodontics adjustments	\$ 20.00	\$ 23.00	\$ 27.00	\$ 33.00	\$ 37.00	\$ 40.00	
Repairs and Adj (LAB)	\$ 60.00	\$ 63.00	\$ 65.00	\$ 67.00	\$ 72.00	\$ 75.00	
Oral Surgery	\$ 55.00	\$ 60.00	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	
Household Size**	Household Income						
	0% - 100%	>100% - 133%	>133% - 150%	>150% - 175%	>175% - 200%	>200% - 250%	>250%
1	\$0	\$15,651	\$20,816	\$23,476	\$27,389	\$31,301	\$39,126
	\$15,650	\$20,815	\$23,475	\$27,388	\$31,300	\$39,125	&above
2	\$0	\$21,151	\$28,131	\$31,726	\$37,014	\$42,301	\$52,876
	\$21,150	\$28,130	\$31,725	\$37,013	\$42,300	\$52,875	&above
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	\$26,650	\$35,445	\$39,975	\$46,638	\$53,300	\$66,625	&above
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	\$32,150	\$42,760	\$48,225	\$56,263	\$64,300	\$80,375	&above
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	\$54,150	\$72,020	\$81,225	\$94,763	\$108,300	\$135,375	&above
* Materials / dental prosthesis are charged separately at 100% cost (Dentures, Bridges, Crowns, Night Guard, etc.). Separate costs will be communicated to the patient prior to the rendering of services							
** Each additional family member (over 8) add \$5,500							